DOCUMENT RESUME

ED 075 516 UD 013 391

AUTHOR Nichols, Edwin J.; And Others
TITLE Child Mental Health in the '70's.
PUB DATE 6 Sep 72
NOTE 21p.; paper presented at the American Psychological Association annual meeting, Honolulu, Hawaii, September 6, 1972

EDRS PRICE MF-$0.65 HC-$3.29
DESCRIPTORS Child Care; *Child Development; Child Psychology; Early Childhood; Early Experience; *Family Programs; *Federal Programs; Intervention; Mental Health; *Mental Health Programs; Prevention; *Program Development; Public Policy; Research Methodology; Social Sciences

ABSTRACT

The Center for Studies of Child and Family Mental Health has made an assessment of national programs during the last decade, and found that the Nation took the course of child-centered intervention programs for mental health. There were many startling and promising programs developed during that time such as Head Start. However, many of the measured rapid gains were quickly lost as programs were phased out or studies were completed. A close evaluation and assessment revealed that those programs having parental involvement sustained the child's measured gains and often improved upon them; thus, family-centered preventive mental health programs are to be the major focus for the 1970's. Society can begin to help both the child and the family by strengthening the family through reform of welfare legislation, instituting procedures to encourage low income men and women to remain with families, establishing a guaranteed income, and providing family services and education. The family's eco-system can be studied and supportive forces such as the extended family, churches, social networks, and schools in the environment can be pinpointed and integrated in treatment plans. The challenge to families and those who care about families then is to increase the incidence of success and diminish the frequency of failure. A new "Galilean" approach to research must be taken in the 1970's. (Author/JM)

FILMED FROM BEST AVAILABLE COPY

ED 075516

U S DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION
THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL OFFICE OF EDUCATION POSITION OR POLICY

CHILD MENTAL HEALTH IN THE '70's

by

Edwin J. Nichols, Ph.D., George C. McFarland,
and Joy G. Schulterbrandt

The Policy of Federalism

There have been two major approaches to government in the United States. One was the federalist concept in which the power of government was vested among states and local governments. Under the centralist form of government the focus of power was concentrated in the Federal Government. Traditionally, the country has moved toward the centralist position in times of national crises as in the period of the Civil War, and following the Great Depression, up to the present.

Today the direction is toward federalism with the decentralization of government programs, bureaus, offices and services. Some people have referred to this trend as the "new federalism" however, intimating that it might be different from the traditional version in that many of the "strings" attached to regional control and state sovereignty programs; i.e., revenue sharing, may well lead firmly back to Washington.

The current administration addressed itself specifically to decentralized government programs in an effort to facilitate the implementation of comprehensive services. The position has been that

Presented at the Annual Meeting of the American Psychological Association, Honolulu, Hawaii, September 6, 1972 by Edwin J. Nichols, Ph.D., Chief, Center for Studies of Child and Family Mental Health, National Institute of Mental Health, Rockville, Maryland.

UD 013391

enough programs exist to meet the needs of all communities when duplication of services and facilities have been eliminated and when communities function on a totally comprehensive basis. Thus, one can see that the basic attitude of the current administration is not to develop more and and more programs but to insist upon total utilization of all existing programs.

To date no model has successfully demonstrated this comprehensive approach of all government services to meet the needs of a specific community.

The Center for Studies of Child and Family Mental Health has made an assessment of national programs during the last decade, and found that the Nation took the course of child-centered intervention programs for mental health. There were many startling and promising programs developed during that time---Head Start, Project Re-ED, etc. However, many of the measured rapid gains were quickly lost as programs were phased out or studies were completed. A close evaluation and assessment revealed that those programs having parental involvement sustained the child's measured gains and often improved upon them; thus, family-centered preventive mental health programs are to be the major focus for the 1970's.

Expenditure of Resources to Define Problems

The Federal Government has spent large sums of money that seek recommendations as to methods to improve the life style and mental health of children in the United States. At a cost of more than $1.5 million,

the Joint Commission on the Mental Health of Children published a 578 page book called "The Crisis in Child Mental Health: Challenge of the 1970's." It had many findings, made many recommendations; the most significant was the concept of child advocacy--an organization, agency or person who would be responsible for meeting all of the needs of children. These would include such things as day care, foster home and adoption services, protective services, vocational education counseling, preventive services, legal services, school-social services, family, marital-premarital counseling, homemaker services, and consumer education. Public Law 91-211F takes the same comprehensive view.

The original concept was for Congress to establish a commission on a national level to serve as Advocate, with state-level commissions and local government offices. These child advocacy agencies would extend to the neighborhood level. In reality, this would create another governmental agency with the mandate to be massive in scope and its effectiveness would be futile in implementation. The present administration is not amenable to establishing another federal bureaucracy. as it is contrary to comprehensive services.

At a cost of approximately $2 million, the White House Conference on Children--1970 convened in Washington, D.C. with experts and lay persons from all over the United States. A 451 page report to the President was published and the current administration has funded an additional $300,000 for 1972 follow-up conferences. A sizeable portion

of the report aimed toward implementation, addressed itself to child advocacy as the most feasible solution to meeting the needs of children.

Within the National Institute of Mental Health the "Ad Hoc Committee on Child Mental Health Report to the Director" was produced in booklet form in February 1971. Among the most significant recommendations was "to develop models for child advocacy programs," also an Institute-wide coordinated children's program.

All of the preceding paragraphs, in their simplest form, suggest that family-child centered advocacy prevention programs should be consolidated in existing government programs and services as the future model for exploration in the '70's.

In an attempt to implement the concept of a decentralized Federal government the 7 regional offices are now 10 regional offices to serve the 50 states, territories and possessions. Ostensibly, Regional Health Directors have the administrative power to coordinate all services. However, when one examines the Regional Health Director's office with its representatives for all the major programs in the Department of Health, Education, and Welfare, one finds a breakdown in communications. Programs do not dovetail each other for maximum efficiency. The sheer number of programs and services are so massive that individuals can not be appraised of, nor can they retain all the services, programs, and projects that their individual agency is capable of performing.

The problem of taking the myriad of ideas and programs and consolidating the suggestions of different values has to be placed in the context of what is perceived as good for the individual or the society.

Within our pragmatic society, good has been defined as what works, and "situational ethics" have been the modus operandi by which we rationalize our decision-making processes.

The Adversary - Recycled Engineers

When problems are appraised, there are two extreme positions: the subjective and the objective one. The purely objective approach would demand that a program avoid dealing with subjective factors, such as individuality, but concentrate on man's common (universal and necessary) attributes and how these can be influenced by his environment. On the other hand, an extremely subjective approach may state that it is solely the individual who creates his own world and "does his own thing;" the environment and others are unimportant. This epistomological dilemma, unless it is resolved, will be the downfall of behavioral scientists. The computer-math-science professionals have developed procedures for systems analysis to a high level of perfection. They can evaluate all of the biological functions of man as he leaves earth's gravity and goes into the moon's gravity, with all of its physiological implications, in a matter of seconds. These things can be computerized and have mathematical assessment for evaluation. The present cutback in some areas of space exploration and defense contracts, has produced a vast reservoir of highly trained, unemployed computer-math-science professionals. Their universities, such as MIT, are extremely concerned about their future role in society. Many have turned to the Federal government, saying that behavioral scientists have demonstrated that they are not capable

of consolidating services in such a way as to meet maximum efficiency needs of the individual or serve the best interests of the total society. "We have that skill and capacity," say the recycled engineers.

B. F. Skinner, in his latest book, "Beyond Freedom and Dignity" has given the math-science technologists the one thing that they need... methodology by which human behavior can be computerized and predicted through the behavior modification model.

The Skinnerian concept produces a society which formulates a one-sidely-objective system in terms of a total society. Subjective factors such as individual variances may be viewed as deviant and in need of modification. Thus, a 1984 Animal Farm experimenting Future Shock is a reality. Thus, we can see that if behavioral scientists themselves do not take the initiative to resolve the dilemma of delivery of services for objective (common), as well as subjective (individual) human needs, we will be replaced by recycled engineers. Our most valued contribution will be lost; which is the comprehension of individual human values and dignity in the face of our otherwise well-advanced technical achievements.

The major ideas to remember from this action are that federalism is the government's present approach. The current administration has expended literally millions of dollars to assist us as behavioral scientists in understanding needs and directions for child mental health.

The conclusion is family-child centered advocacy, preventive mental health programs, must be consolidated with existing government programs and service for the '70's. If we, as behavioral scientists, cannot meet this challenge and stop playing the game of subject-object (which came first... the chicken or the egg), then the recycled engineers will have our jobs. What has the National Institute of Mental Health done in the past year toward a more comprehensive view of child and family?

Research---The Pathological Model

A review of active NIMH research grants approved during 1971 that focus on children and youth (ages 0-25), indicate a paucity of ecological investigations.

In September 1970, Dr. Bertram Brown appointed a National Institute of Mental Health Committee on Child Mental Health to review the Institute's program for children and youth and to suggest new and expanded efforts to meet the mental health needs of children. The Committee was given the charge to come up with specific recommendations that could be implemented in the 12-18 months following the report.

The Committee in its 1971 Report to the Director suggested that while no attempt was being made to assign absolute priorities, it is crucial to maintain a wide variety of research and to prevent rigidly defined and limited direction. The first recommendation submitted by the Committee focused on the need for ecological investigations of child development. Also indicated was a need for theories and research designs that entertain

many more interactive influences on development and behavior and that search out the impact of the many diverse frameworks in which child behavior occurs.*

Despite the recommendations of 1971, for ecological studies, social scientists continue, with rare exceptions, to view child mental health through a narrow focus labeled "pathology."

The poverty-stricken family (a term that covers about 20 million people, whose problems are diverse) is conceptualized as an entity that must be sick. In general, our concepts of problems and services have been related to those of dynamic psychiatry, which has conceptualized pathology as existing within the individual and has paid little or no attention to the ways in which the systems surrounding the individual programs his responses. This same tendency has carried over into our work with families. Because we look only at the family's response to his environment and not the stress applied by the environment, we see the family as being sick. Our diagnostic systems are designed around a medical model that focuses on outcome variables rather than initial stimulation. This process takes place within a middle-class framework that does not correspond to the life styles of the disadvantaged.

We should begin to understand the importance of ecological systems and the way they affect both physical and mental health. Because every individual is unique he tends to react uniquely to his environment.

---

* Ad Hoc Committee on Child Mental Health: Report to the Director, National Institute of Mental Health.

Social scientists have tended to concentrate on the observations of people labeled schizophrenic, phobic, delinquent, anti-social or poor and observations are prejudiced by what we have come to expect of such people. When family pathology is conceptualized within an ecological approach, the pathology is seen as a product of transactions between the family and other systems rather than as a solely internal phenomenon. The sickness explanation of the origins of disturbed behavior must be replaced with a social-development explanation before society will begin to do some constructive things about intervention of human misery, (Minuchin 1969).

The family is not an independent unit of society. It is highly interdependent with a great number of other institutions for its definition, its survival and its achievements. Therefore the child and family cannot be understood in isolation or by concentration on its fragments or on particular forms of family life or by concentration on its negatives (Billingsley 1968).

Anti-social behavior is the precipitating factor that leads to mental treatment. Social consequences to such behavior usually identifies the underlying disease.

There is little substantial evidence supporting the hypothesis of underlying organic defects in most functional mental disorders and the medical training of most psychiatrists is not especially relevant to their therapeutic abilities (Albee 1968).

In coping with an essentially negative environment the poor have developed strengths. The intactness of family equilibrium depends on family strengths balanced against its total stress. This suggests that intervention may do well to take the form of selective strengthening of positive aspects of behavior rather than diagnosing weakness. Because members of the professional establishment often believe that the poor and disadvantaged are intellectually incapable of knowing how to do for themselves, there is little utilization of the strengths, support and understanding of the poor. The social scientist, Kenneth Clark, probably summarized by the state of social affairs in today's society when he said, "The predicament of deprived people is symptomatic of the predicament of everyone," (Hall 1968).

A major problem blocking the development of new institutions is our lack of knowledge about normal development and normal reactions to different contexts. Knowledge of normal people's interaction would allow us to differentiate the parts of behavioral responses that actually are pathological and the parts that are healthy reactions that change as the context changes. Andrew Billingsley, in Black Families in White America, has urged that an understanding of the paths to survival, stability, and achievement among some blacks may be more appropriate to helping other black families achieve rather than reference to the pathways followed by white ethnic groups.

Interestingly enough, there is a paucity of research about whites in similar ethnocentric circumstances in America and little or no literature about the "normal Negro." Somehow the study of so-called abnormal blacks has been viewed interchangeably as a study of normal blacks.

Society can begin to help both the child and family by strengthening the family through reform of welfare legislation, instituting procedures to encourage low income men and women to remain with families, establishing a guaranteed income and providing family services and education.

The family's eco-systems can be studied and supportive forces such as the extended family, churches, social networks and schools in the environment can be pinpointed and integrated in treatment plans. The challenge to families and those who care about families then is to increase the incidence of success and diminish the frequency of failure. It is necessary to encourage and strengthen family life and health, and education programs at all levels and to promote the idea of positive health maintenance.

Where do we go from here?

How do we escape the pitfalls and begin to look at the process with clear vision?

Good-bye Aristotle--

Hello, Galileo.

Definitions of "good" research usually make reference to the design, control groups, and appropriateness of statistical techniques. Although this strictly academic approach is useful as a starting point, exclusive preoccupation with it can mask the non-academic standards and social processes that influence the researcher in the application of research studies. In the colleges, students of research are warned of the influence of unconscious motives through anecdotal stories such as the "Clever Hans" syndrome. But it is our opinion that too little attention is given to that problem, and that schools are insensitive to its influence on the initial conceptualization of social problems. Just as we have translated through the law, our moral likes and dislikes, so we have translated our mores, cultural expectations, and values into social and psychological research.

In keeping with this viewpoint, we propose to discuss briefly five major non-academic areas in research, which should be of conscious concerns to all investigators who are presently in or who intend to go into social and psycholgical research on American families. These five areas are: (1) the case against a psychology of dependent variables exclusively; (2) the case of the deficit model; (3) the rhetoric of cultural pluralism; (4) social adaptation for whom and to what; and (5) the responsibility of the researcher who earns a living chronicling the transactions between American families, their communities, and their society.

1. The case against a psychology of dependent variables, exclusively. When Aristotle (384-322 B.C.) was developing his system of concept formation and classification of objects and events in physics, he developed a theory of causation which, while it complimented the state of logical thinking of his times, its dynamics were essentially adjusted to the mode of thought of primitive man. Unfortunate for us, social scientists unmindful of modern Galileian modes of thought, have lifted and retained Aristotle's entire system of logic in physics and applied it to modern psychology and sociology without any critical attempt to weigh its appropriateness of fit as a model.

For example, in Aristotelian mode of thought, events or what we today call behavior were "explained" exclusively by innate qualities of the object (person). Since phenotypically, the way an object appeared on the surface (skin color) determined its place of classification, and since its behavior was determined by innate characteristics, then its class is simultaneously the concept and the goal of the object (person). Thus, an object is classified as a ball because it is round and because it will roll regularly if set on a plane. Why does it roll when for example a feather would not? Well, if one examines both objects, it is immediately clear that a ball is heavy and a feather is light. Thus, weight or the innate quality, "explains" why the ball rolls. Membership in the class "ball" also determined the behavior of the ball. Everyone is reminded of the identical model used in the social sciences to "explain" behavior, particularly in the area of child and family mental health, and

specifically in research on the children and families of black Americans. Table 1 documents the prevalence of this frame of reference which intrudes as a biased variable within research studies on child and family mental health. In this model that we use, the environment outside the child and his family is ignored as a significant part of the "explanation" for observed behavior. It is this kind of conceptualization which potentiates the rise, perenially, of the "genetists" who over-estimate the scope of their knowledge of genetics, and who in waving the banner of a fledgling science over our heads, find safe harbor for their prejudices and ignorance.

To modern physics, which is based on the Galileian mode of thought and concept formation, Aristotle's "Empiricism" and teleology must seem a curious relic. Galileian thinking, and system of classification stresses (1) the significance of the environment (interaction model); (2) the fluidity, rather than fixed dichotomies, of behavior in relation to changes in the environment (figure-ground paradigm); (3) homogeniety among seemingly different things...search for the genotype or the idea of a comprehensive unity underlying people objects and events, (set theory); (4) the concept of interdependence. To illustrate, let us use the same example of the ball. In Galileian mode of thinking, while the characteristics of the ball would be taken into consideration, the angle of the plane on which the ball rests (environment) would be perceived as a significant part of the equation. It is obvious that the angle of the inclined plane will not only determine how fast the ball rolls, but also in which direction

it would roll...regardless of its weight. Moreover, if the ball were motorized in such a way that it could depress the plane, then it would determine its rate of roll and direction (figure/ground). Similarly, if all gravity were removed from the room (environment) the ball would float (like a feather) rather than roll, but it would still be a ball after all. We are all familiar, on some level, with the application of these concepts in the sciences of space travel and nuclear physics.

In the behavior sciences, however, we will remain comfortably lodged into the anachronism of Aristotelian concept formation and logic, until our cushy jobs are threatened by the wonderful guys who brought us "dum dum" bullets, plastic shrapnel, and the ICBM and the systems theory.

2. The Case of the Deficit Model

This approach in child and family research begins with a given: that just as Columbus sailed east and found the west, so we will discover mental health by studying mental illness. This probably is the simplest explanation, why after half a century we know little about mental health. Even what we know of "mental illness" is very limited, in the sense that the bulk of the explorations and "findings" have been on black children and black families. So we know nothing about mental illness in white families, by social class, except Hollingshead and Redlick's ancient study which claimed an inverse relationship between social class and mental illness.

In other words, what we know about mental illness is that it is something rich folks don't have much of, and something which poor folks (and since most of them are black) have more than their proportionate share of. The fact that Miller and Mishler (1959) carefully and succinctly exposed that Hollingshead's and Redlich's research procedure and methodology (prevalence data rather than incidence data) were erroneous has not blighted social scientists from peseverating the questionable results. Worse than that, is that we still think of a direct relationship between social class or race and mental illness, when we conduct research.

When investigators, and white ones in particular, though not exclusively, are dealing with black families, the deficit model is the preferred one. First, it assumes either that black families are pathological and have to be "cured" according to white standards, or that blacks are "culturally" deprived and have to be "trained" or "brought up to snuff," (which means white standards) in child rearing practices and interpersonal behavior. This orientation, unconscious or otherwise, would not be as pathetic if we did not have such an abundance of documented clinical data on the failures of white child rearing practices, and the failures of interpersonal relationships in white families and white marriages. Our obsession with numbers and outcomes have diverted our attention from the quality of relationships.

Thus while we have been frantically listening to gurus such as Patrick Moynihan and counting numbers of fathers in the home and correlating

that with aggressiveness of black males, we have forgotten to wonder how happy and "satisfied" are the families of white children where there are two parents present. The fact that fathers stay in the marriage does not mean that the marriage is successful. Since there is little research on white families in the applied sense, we have to rely on clinical data. Any therapist, if he is candid, will report that many white married women complain of dissatisfaction with their husbands in two main areas: professional and sexual. In essence, in the wives' opinion, their spouses do not rise sufficiently in either capacity. Obviously, each group of people, white or black, rich or poor, has its set of problems and solves them according to different cultural imperatives. But if we continue to use one set of standards upon which we measure everyone, then inescapably some people are bound to measure less than others...all the time.

3. Cultural Plurality

For centuries we labored with the delusion that America was a "melting pot" society. And indeed, this myth of cultural homogenization might have remained affixed if when the Founding Fathers abducted the land from the Natives, they had either worked it themselves or else brought in white indentured servants only. Because the distinction between white indentured servants and the Founding Fathers was in the realm of social class, not human values. After centuries of "uprisings," "insurgencies," "riots," and "massacres," it gradually became clear on the beloved cognitive level, at least, that blacks were one of several ethnic groups that would not be "assimilated." American writers and even scientists used to believe that it was the blacks' color which created the wedge between them and their assimilation into white cultures, the

way diverse white Europeans had done. But the recognition of different orientations between white and black cultures, in how they viewed other men and their environment, began creeping into the white consciousness over the past decade.

In black culture, the orientation for the acquisition of experience and knowledge is: I feel, I think; therefore, I am. In white European cultures the method of acquisition is: I think, therefore, I am in the Cartesian reference.

What this distinction means is that in black culture, mood and feeling are important parts of the atmosphere for learning. Moreover, feelings or emotions are viewed as compatible elements of the cognitive process, rather than as a deterrent as in the exclusively rational approach. Apparently, there is some indirect demographic evidence that an effective atmosphere in learning is important to mental health, since the bulk of people who spend $350 for a week of being "murphied" on "instant feeling" and "instant sensitivity" are of white European origin.

Another cultural distinction is that of the relationship of man to man. In black culture the relationships is man to man, in which each person is assumed to have intrinsic value in and of himself. In white European culture the relationship is man to object in which the value of a person is determined by his productivity and achievements.

4. Social Adaptation

For decades, this concept was utilized in psychology and psychiatry as a measure of mental health or illness. What is entailed was the uncritical adaptation to standards of conduct, set by white decision-makers for other lesser whites and blacks. It is typical of the cognitive approach that

a mental health commission had to be appointed to come up with the findings that uncritical social adaptation could have disastrous results on the mental health of people.

5. Responsibility of Researchers in Mental Health

According to the late Whitney Young, studying blacks "threatens to be one of the biggest industries in the United States." Moreover, if we ended it suddenly "too many people would be thrown out of work." We need research studies on white families to create a more accurate tableau of mental health problems and mental health. Ghettos, for example, are not black creations. And we could never understand how to end them without first understanding the emotional needs of the white decision-makers who design them and the general population who maintain them. Moreover, we need to be highly sensitive that for poor, trapped families in ghettos and in poverty, the only meaningful "skills" and "training" which we could offer, are those which enable them to alter the socio-economic arrangements of power, such that their communities respond more humanely and effectively for them.

In capsilized summary, we need to look to the mother of science, philosophy, in order to avoid the pitfalls of the past. All experimental projects should address themselves to these basic philosophical disciplines. They are as follows: epistomological, axiological, logic, and ontology.

The axiological value system of the Euro-American must give credence to, and understanding to the value system embraced by the majority of the people in the World, not a man-object value but a man-man.

Dr. Thomas Lambo most simply and beautifully described this. He says: "I think so, and they have to do with an orientation toward life. Reality for the African is found in the soul, not in objects. The aim of life is not to master oneself, or outer things, but to accept a life of harmony with other beings on a spiritual scale. Africans believe in the relationship between man and women; Westerners increasingly believe in the relationship between man and object. African philosophy bases all explanation on human relations; Western philosophy bases them on science.

"Medicine is a good illustration of this difference. Africans believe that to protect oneself and family from disease, one must live peacefully with one's neighbors, abstain from breaking taboos, and obey the laws of gods and men. Westerners believe that one need only take the right pill, or have the right operation; but Africans define disease socially, not biologically.

"These antithetical ways of looking at the world and causality are reflected in the way we treat children. African culture is based on a warm, stable, cohesive social unit. The whole emphasis of child rearing is to teach the young that they are an organic part of that unit, to give them a deep-rooted feeling of belonging."

Epistological models wherein subject-object questions remain primary, serve only to confuse. Dixon's answer--diunitalism, explains to us the way in which we know knowledge in this ethnic pluralistic society. The Afro-American epistomologica must also be viewed with understanding and ascribed value--feel - think - being.

The archaic logic system of Aristotelian dualism creates for the behavioral scientist a set that neither explains or analyzes the real content. It simply serves to rationalize what has a priori been decided; for example:

Good	Bad
Industriousness	Lazy
Wealthy	Poverty
Oil Depletion Allowance-Farm Subsidy	Welfare-AFDC
Crew Cut	Long Hair
Alcohol Culture	Drug Culture

Lastly, incorporating ontology into the research design will keep us from furthering the myth that one "anything" is the "all."

In conclusion, when the strengths of black families are viewed in their proper perspective and evaluated from the heretofore-mentioned philosophical basis, we find therein the hope for survival of the American culture, just as Freud--diunital for his time (a visionary, oppressed Jew in a hostile, intolerant country) utilized his Judaic tradition of Talmudic analyses and thereby saved Victorian Europe from its neuroses; hopefully the epistomological model of the black scholar, Vernon Dixon will enable America with its multi-ethnic population, to come to cultural fruition through diunitalism.

REFERENCES

Albee, George W., "Psychological Point of View," American Psychiatric Association Annual Meeting, May 13, 1968.

Alinsky, Saul D., "The Poor and The Powerful," Poverty and Mental Health, Washington, D.C., American Psychiatric Association, 1967, pp. 22-28.

Billingsley, Andrew, "Black Families in White America," Englewood Cliffs, New Jersey: Prentice Hall, 1968.

Breetveld, James P., "A Brief Conversation with Thomas Lambo," Psychology Today, February 1972, pp. 63-68.

Gullattee, Alyce C., "The Negro Psyche: Fact, Fiction and Fantasy." Journal of National Medical Association, March 1969.

Hall, Mary H., "A Conversation with Kenneth Clark," Psychology Today, February 1968, pp. 19-25.

Hollingshead, August B. and Redlich, Frederick C., Social Class and Mental Illness. New York: John Wiley and Sons, 1958.

La Barre, Marrinel, "The Strengths of the Self Supporting Poor," Social Case Work, May 28, 1968.

Miller, S. M. and Mishler, Elliot G., "Social Class, Mental Illness and American Psychiatry: An Expository Review." Milbank Memorial Fund Quarterly, Vol. 37, No. 2, April 1959, pp. 174-199.

Minuchin, Salvador, "The Plight of the Poverty Stricken Family in the United States," Child Welfare, March 1970.

Reissman, Frank, "Acceptance or Differences," Children and Poverty, Chicago: Rand McNally, 1968.